

### **Amendment to the Specification:**

Please replace original paragraphs [0017], [0024] and [0026] with the following amended paragraphs [0017], [0024] and [0026]. The changes to each of these paragraphs from the previous version to the rewritten version are shown below with brackets for deleted matter and underlines for added matter.

[0017] (Currently amended) FIGS. 3 and 3A [is an] are illustrations of the embodiment of the physician access system shown in FIG. 1 inserted through an endoscope.

[0024] (Currently amended) For example, the physician may elect to use the more distal of the intermediate access ports 44, which is, as shown in FIG. 3, the closer of the two intermediate access ports 44 to the endoscope. Insertion of the wire guide 36 through this intermediate access port 44 permits the physician to simultaneously manipulate both the endoscope 60 and the wire guide 36. If, on the other hand, the physician desires to extend the distal end 14 of the elongate member 16 an additional distance beyond the distal end 62 of the endoscope, the more distal intermediate access port 44 may end up inside the handle 64 of the endoscope 60. If so, then the more proximal of the intermediate access ports 44 should still be accessible for insertion of the wire guide 36 (see FIG. 3A).

[0026] (Currently amended) In addition, the shrink tubing 48 has a color that contrasts with that of the elongate member 16 so as to permit the location of the shrink tubing 48 to be readily identified. Similarly, the elongate member 16 includes markings 50 adjacent to each of the intermediate access ports 44 to likewise permit the location of each of the intermediate access ports 44 to be readily identified, and to permit rapid verification as to whether the intermediate access ports 44 are open or closed.